Department of Behavioral Health and Developmental Services (DBHDS)

CRIMINAL BACKGROUND INVESTIGATION RETURNED PACKET FORM

			RETURNED PACK	ET FORM		
Provid	ler:		Provider #:	Da	te:	
return v	vithin <u>fifteen (15)</u>	business days from the		checked the addition	on(s) as indicated, please nal administrative fee of \$	
☐ Add	litional administr	rative fee charge require	d			
PROCE	SSING FEE:					
	check or money Processing fee re The processing f Only organization Per DBHDS' Fisc The processing f requests. The check/mone Check made pay DBHDS – BIU, P	order. eceived – attachments 3 & fee is incorrect. The fee is n checks, money orders a cal Office requirements, B fee for applicant fingerprin by order should be made p yable to the incorrect agen P.O. Box 1797, Richmond, wer ninety-days (90) old.	& 5, forms 006 & 007 (if app \$ \$50 per individual. nd cashier's checks are acc IU cannot accept "starter" of t search requests must be a ayable to the "Treasurer of cy should be made payable	olicable) and/or fingerpri cepted. checks. separate from sponsore Virginia".	d residential program finger	
		istrative fee not submitted				
	HMENTS:	<u></u>	_	_		
❖ ❖ FORMS	Attachment 3 Attachment 5 :	Not submittedNot submitted	☐ Incomplete☐ Incomplete	☐ Old (Use Re ☐ Old (Use Re		
*	Form #006 Form #007	☐ Not submitted☐ Not submitted	☐ Incomplete☐ Incomplete	☐ Old (Use Re ☐ Old (Use Re		
	#006 and #007. Old attachments forms. Individual disclos Individuals hired If a fingerprint batachments and Form #001 not o	and/or forms. Revised (1 sed a "barrier crime". Per prior to the law (7/1/1999) ased background request is dor forms stapled to finger in file (DBHDS' Licensed F	0/16) attachments and/or for the state of th	orms must be used. <u>Ple</u> vidual is not eligible. J cannot perform back Name and Sex Offende tion Sheet).	and 5 should be submitted in ease <u>discard all old attach</u> ground checks. r Registry request <u>is not</u> rec	ments <u>and/or</u>
FINGER	PRINT CARD:					
* 	Last name, First Some or all of the Date of Birth (DC Social Security N	OB) and/or Place of Birth (eight, Weight, Eye Color, F POB)	lair Color, etc.)		

FINGERPRINT CARD CONT'D: Fingerprint card(s) was folded. New card(s) must be submitted.
Fingerprint card(s) was folded. New card(s) must be submitted.
No Francisch and (a) and miles and francisch and
No fingerprint card(s) submitted. BIU requires one fingerprint card
RESUBMISSIONS/PROCESSING FEE:
Original non-classifiable fingerprint card(s) not submitted with reprints. The <u>resubmission deadline</u> (30 days) for both the VSP & FBI criminal background investigation has expired. Please submit the processing fee of \$50 per individual on an official organization check or money order along with the individual's attachments 3 & 5 new fingerprint card. Keep old resubmission correspondence for your files.
SEARCH FORM and/or CHILDREN RESIDENTIAL FACILITY (CRF) REQUEST FORM:
 Child Protective Services search form should be submitted to the Virginia Department of Social Services at the address shown on front of the CPS form. The processing fee for CPS searches is \$10 per individual. CRF fingerprint-based background request should be submitted to the Virginia Department of Social Services, Office of Background Investigations, 801 E. Main Street, Richmond VA 23219-2901. The processing fee for these searches is \$50 per individual.
REMINDERS:
Staple Attachments 3 & 5 and/or Forms #006 & #007 together and in order. Do not send Attachments 4 or 8. These attachments are for <u>your records only</u> . To include your provider number in the OCA box on each fingerprint card. Your provider number is
ATTENTION PROVIDER
If you have any questions, please contact Malinda Roberts at (804) 786-6384 or Belinda Turner at (804) 887-7393.
Check <u>only if</u> another individual is being submitted in the place of the original returned individual named below.
DETAILED EXPLANATION AND/OR ENCLOSED INDIVIDUAL(S):